



CANNON BUILDING
861 SILVER LAKE BLVD., SUITE 203
DOVER, DELAWARE 19904-2467

STATE OF DELAWARE
DIVISION OF PROFESSIONAL REGULATION
COMBATIVE SPORTS

TELEPHONE: (302) 744-4500
FAX: (302) 739-2711
WEBSITE: DPR.DELAWARE.GOV
EMAIL: customerservice.dpr@state.de.us

APPLICATION FOR APPROVAL TO SANCTION MIXED MARTIAL ARTS EVENTS
INSTRUCTION SHEET

Purpose

The Delaware Division of Professional Regulation (the "Division") uses the *Application for Approval to Sanction Mixed Martial Arts Events* to establish a list of sanctioning bodies approved by the Director of the Division. Promoters may consult the list in arranging amateur mixed martial arts events.

How to Apply for Approval

Submit the application and supporting documentation listed below **at least 30 days before scheduling any events**. Before applying for approval, obtain a Delaware business license from the Division of Revenue.

- ☐ Submit completed, signed and notarized [Application for Approval to Sanction Mixed Martial Arts Events](#).
 - **A principal of the organization must complete and sign the application.**
 - The chief principal named on the application will be the Division's contact person for all matters pertaining to the organization.
- ☐ Enclose the following documentation with the application:
 - ☐ Fee schedule showing the charges in place for sanctioning of mixed martial arts events.
 - ☐ Copy of your organization's policies and procedures that govern mixed martial arts events.
 - Include any checklists that your employees must follow in the coordination of the event
 - ☐ Copy of the insurance policy or other proof of liability insurance for your employees and/or officials.
- ☐ Send the application and supporting documentation to the attention of Combative Sports at the address above.

The Director of the Division may request an interview and/or additional documentation before approving your application.

Sanctioning Body Requirements

Approved sanctioning organizations must comply with the requirements in Part D, Section 19.0, of the Rules and Regulations. Section 19.0 explains:

- Documentation promoters must provide to the sanctioning body before an event
- Duties and responsibilities of the sanctioning body on the day of the event
- Post-event report to be filed with the Association of Boxing Commissions within seven days after the event



CANNON BUILDING
861 SILVER LAKE BLVD., SUITE 203
DOVER, DELAWARE 19904-2467

STATE OF DELAWARE
DIVISION OF PROFESSIONAL REGULATION
COMBATIVE SPORTS

TELEPHONE: (302) 744-4500
FAX: (302) 739-2711
WEBSITE: DPR.DELAWARE.GOV
EMAIL: customerservice.dpr@state.de.us

APPLICATION FOR APPROVAL TO SANCTION MIXED MARTIAL ARTS EVENTS

(FOR OFFICIAL USE ONLY)

--

Business Name of Sanctioning Organization		Delaware Business License #		Employer Identification Number	
Business Street Address		City		State	
Last Name of Chief Principal		First Name		Middle Initial	
Title/Position in Organization		Social Security Number			
Principal's Street Address		City		State	
Phone Number		Fax Number		Email Address	
The sanctioning organization seeking approval is a (check all that apply): <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Limited Liability Corporation <input type="checkbox"/> Not-For-Profit <input type="checkbox"/> For Profit					
State Where Incorporated		Date Of Incorporation (MM/DD/YYYY)			
Registered Agent Last Name		Registered Agent First Name			
Agent Street Address		City		State	
Phone Number		Email Address			
How long has the organization been involved in the sanctioning and supervision of mixed martial arts events? _____					
Has your organization sanctioned mixed martial arts events in other states? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, list all states where events were sanctioned: _____ _____ _____					
ATTACH FEE SCHEDULE SHOWING THE CHARGES IN PLACE FOR SANCTIONING OF MIXED MARTIAL ARTS EVENTS.					
Do you provide liability insurance for your employees and/or officials? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, attach a copy of the insurance policy or other proof of insurance.					
Does your organization have access to the registry designated by the Association of Boxing Commissions to report the event results? <input type="checkbox"/> YES <input type="checkbox"/> NO					

CONTINUE TO PAGE 2

**APPLICATION FOR APPROVAL TO SANCTION MIXED MARTIAL ARTS EVENTS
PAGE 2**

Enter the following information about each *additional* principal of the sanctioning organization:

NAME	ADDRESS	POSITION	SOCIAL SECURITY NUMBER

Does the chief principal or any other principal of the sanctioning body, whether personally or through the sanctioning organization or other businesses, promote or have any kind of interest (financial or otherwise) in any

- mixed martial arts events, or
- participants in such events, or
- venues for such events?

☐ YES ☐ NO If yes, enter the following about each principal who has any such interest.

NAME OF PRINCIPAL	BUSINESS NAME	DESCRIBE INTEREST	Has person ever been a promoter of mixed martial arts or other combative sports?
			<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO

CONTINUE TO PAGE 3

APPLICATION FOR APPROVAL TO SANCTION MIXED MARTIAL ARTS EVENTS
PAGE 3

Enter the requested information about ***all*** judges, referees, inspectors, timekeepers, announcers and event coordinators used by the sanctioning body. If you need more room, you may copy this page and attach it to the application.

NAME	ADDRESS	POSITION (e.g., judge, announcer, timekeeper)	YEARS OF EXPERIENCE AND/OR TRAINING	Has person ever been a promoter of mixed martial arts or other combative sports?
				<input type="checkbox"/> YES <input type="checkbox"/> NO
				<input type="checkbox"/> YES <input type="checkbox"/> NO
				<input type="checkbox"/> YES <input type="checkbox"/> NO
				<input type="checkbox"/> YES <input type="checkbox"/> NO
				<input type="checkbox"/> YES <input type="checkbox"/> NO
				<input type="checkbox"/> YES <input type="checkbox"/> NO
				<input type="checkbox"/> YES <input type="checkbox"/> NO
				<input type="checkbox"/> YES <input type="checkbox"/> NO
				<input type="checkbox"/> YES <input type="checkbox"/> NO

Does any person listed above, whether personally or through an organization or other businesses, promote or have any kind of interest (financial or otherwise) in any

- mixed martial arts events, or
- participants in such events, or
- venues for such events?

☐ YES ☐ NO If yes, enter the following information about any person having such interest:

NAME OF PERSON	BUSINESS NAME	DESCRIBE INTEREST

ATTACH A COPY OF YOUR ORGANIZATION'S POLICIES AND PROCEDURES THAT GOVERN MIXED MARTIAL ARTS EVENTS. INCLUDE ANY CHECKLISTS THAT YOUR EMPLOYEES MUST FOLLOW IN THE COORDINATION OF THE EVENT.

CONTINUE TO PAGE 4

APPLICATION FOR APPROVAL TO SANCTION MIXED MARTIAL ARTS EVENTS**PAGE 4**

Enter the requested information about the last three mixed martial arts events that you sanctioned. The state will use this information to check references.

EVENT 1

Venue	City And State	Event Date (MM/DD/YYYY)
Last Name	First Name	Phone Or Email

EVENT 2

Venue	City And State	Event Date (MM/DD/YYYY)
Last Name	First Name	Phone Or Email

EVENT 3

Venue	City And State	Event Date (MM/DD/YYYY)
Last Name	First Name	Phone Or Email

AFFIDAVIT

The undersigned, being duly sworn, deposes and says that he/she is expressly authorized as an officer of the organization to apply for approval to sanction mixed martial arts events on behalf of the business entity/individual indicated. The undersigned further deposes and says that he/she has read and reviewed the information provided in the attached *Application for Approval To Sanction Mixed Martial Arts Events* and that the information and statements contained therein are true and correct, that he or she will notify the Division of Professional Regulation in writing of any changes that need to be made in the application and that he or she understands that the provision of false information or employing or knowingly cooperating in fraud or material deception in order to be licensed or permitted is grounds for DENIAL or for the approval to be revoked.

By: _____
Name/Title

State of)
County of)

SUBSCRIBED and SWORN to before me this _____ day of _____, 2_____,

Signature of Notary Public

My Commission expires: _____

**APPLICATIONS THAT ARE UNSIGNED, INCOMPLETE, OR NOT NOTARIZED WILL BE REJECTED.
THE DIVISION RESERVES THE RIGHT TO REQUEST ADDITIONAL INFORMATION**

**More information, including the Rules and Regulations for combative sports events, is available on
the Division of Professional Regulation's website at dpr.delaware.gov.**